DOCUMENT RESUME

ED 332 565 HE 024 475

TITLE	Project Descriptions: Model Curricula for Alcohol and Other Drug Abuse Physician and Nurse Education.
INSTITUTION	National Inst. on Alcohol Abuse and Alcoholism (DHHS), Rockville, Md.; National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md.
REPORT NO	RPO-736
PUB DATE	Nov 89
NOTE	47p.; For related documents, see HE 024 476-477.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Alcohol Abuse; Course Descriptions; Curriculum Design; *Drug Abuse; *Drug Education; Family Practice (Medicine); *Graduate Medical Education; Higher Education; Internal Medicine; *Medical Education; *Nursing Education; Pediatrics

ABSTRACT

Brief descriptions are presented of 12 model curriculum projects which are part of a program to develop and demonstrate effective models for integrating alcohol and other drug abuse teaching into the medical and nurse education curriculum. The models are based upon discipline-specific knowledge and skill objectives and address undergraduate, graduate, residency, and faculty training needs within physician and nurse education. The 12 curricula projects include the following: Brown University School of Medicine Center for Alcohol and Addiction Studies: Project ADEPT--Brown University Alcohol and Drug Education for Physician Training in Primary Care"; "Society of Teachers of Family Medicine--Project to Develop, Implement, and Evaluate a Model Program an Curriculum in Alcohol and Drug Abuse in Family Medicine"; "The Johns Hopkins Hospital" Specialty Specific Model: Develop, Implement, and Evaluate a Model Program and Curriculum in Alcohol and Other Drug Abuse for Pediatric Faculty, Residents, and Medical Students"; "The Johns Hopkins University School of Medicine: Development, Implementation and Evaluation of a Model Program and Curriculum in Alcohol and Other Drug Abuse Education for Medical Students, Residents, and Faculty In Internal Medicine"; "Medical College of Virginia Program for Alcohol and Other Drug Abuse Education, Research, and Treatment"; "Vanderbilt University: Vanderbilt's Integrated Curriculum on Alcohol and Drugs"; "University of Alabama at Birmingham Medical Education Facility: Curriculum for Clinical Competency in Substance Abuse Medicine for Primary Care Physicians"; "University of Virginia School of Medicine: Project SAGE (Substance Abuse General Education)"; "University of North Dakota School of Medicine: PEPSA, University of North Dakota Physician Education Project on Substance Abuse"; "New York University Division of Nursing: NIAA-NIDA Alcohol and Other Drug Curriculum Development Project for Nursing"; "The Ohio State University College of Nursing: Project CANDID--Curriculum for Addictions Nursing: Directions for Integrated Design (Tentative)"; "University of Connecticut School of Nursing: Project NEADA--Nursing Education Alcohol and Drug Abuse." Each description includes a list of those who worked on developing the project as well as information on purpose, approach, and materials. (JB)

HE

ED332565

National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse

Project Descriptions

Model Curricula for Alcohol and Other Drug Abuse Physician and Nurse Education

November 1989

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

HE 024 475

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

BEST COPY AVAILABLE

RPO736

Preface

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) are jointly sponsoring a program to develop and demonstrate effective models for integrating alcohol and other drug abuse teaching into the medical and nurse education curricula. The model curricula are based upon discipline-specific knowledge and skill objectives and address undergraduate, graduate, residency, and faculty training needs. Within medicine, curriculum models are being developed for the following specialties: General Internal Medicine, Family Medicine, Psychiatry, Pediatrics, and OB/GYN. Within nursing, curriculum models are being developed for undergraduate core courses and for graduate nursing specialties.

Each project includes the following components: (1) use of a faculty working committee to assess alcohol and other drug abuse instructional needs and develop curriculum objectives, (2) development of curriculum materials and pilot testing of a selected segment of the curriculum, and (3) a 14-month implementation and evaluation phase.

Descriptions of the 12 model curriculum projects are presented in this publication. Additional information may be obtained by contacting the individual project directors.

Contents

	page
Preface	iii
Brown University School of Medicine Center for Alcohol and Addiction Studies	1
Society of Teachers of Family Medicine	5
The Johns Hopkins Hospital	9
The Johns Hopkins University School of Medicine	13
Medical College of Virginia	19
Vanderbilt University	23
University of Alabama at Birmingham Medical Education Facility	27
University of Virginia School of Medicine	31
University of North Dakota School of Medicine	35
New York University Division of Nursing	39
The Ohio State University College of Nursing	43
University of Connecticut School of Nursing	47

Brown University School of Medicine
Center for Alcohol and Addiction Studies

ADM-281-86-0006, 1986-88

Project Staff

Director

David C. Lewis, M.D.
Director, Brown University Center for Alcohol and Addiction Studies; Director, Division of Alcoholism and Substance Abuse, Roger Williams General Hospital; Professor of Medicine and Community Health ; Donald G. Millar Professor of Alcohol and Addiction Studies, Brown University

Coordinator

Catherine Dubé, Ed.D.
Doctorate in Educational Media and Technology; Curriculum Development and Instructional Materials Development Professional

Faculty Development

Michael Goldstein, M.D.
Assistant Psychiatrist-in-Chief, Miriam Hospital; Program Director, Miriam Smoking Cessation Program; Assistant Professor, Psychiatry and Human Behavior, Brown University

Evaluation

William Zwick, Ph.D.
Coordinator of Alcohol Services, Rhode Island Group Health Association; Assistant Professor of Community Health, Brown University

Working Committee

Anthony Alario, M.D.
Director, Pediatric Primary Care Unit, Rhode Island Hospital; Assistant Professor, Pediatrics, Brown University

Michele Cyr, M.D.
Director, Division of General Internal Medicine Inpatient and Consultation Services, Rhode Island Hospital; Assistant Professor of Medicine, Brown University

Alicia Landman, M.D.
Clinical Instructor, Family Medicine, Brown University

Sheldon Levy, Ph.D.
Director of Behavioral Sciences, Family Medicine Residency Program, Memorial Hospital; Assistant Professor, Family Medicine, Brown University

Michael Liepman, M.D.
Clinical Coordinator, Alcohol Dependence Treatment Program, Department of Psychiatry, Providence VA Medical Center; Career Teacher in Alcoholism and Drug Abuse; Assistant Professor of Psychiatry and Human Behavior, Brown University

Suzanne Riggs, M.D.
Director, Division of Adolescent Medicine, Department of Pediatrics, Rhode Island Hospital; Assistant Professor of Pediatrics, Brown University

Patrick Sweeny, M.D.
Director of Medical Education, Women and Infants Hospital

Robert Swift, M.D., Ph.D. (Pharmacology)
Director of Division of Psychiatry, Roger Willams General Hospital; Consultant Psychiatrist, Women and Infants Hospital; Assistant Professor, Psychiatry and Human Behavior, Brown University

Alan Wartenberg, M.D.
Medical Coordinator, Alcohol Dependence Treatment Program, Providence VA Medical Center; Career Teacher in Alcohol and Substance Abuse; Instructor, Department of Medicine, Brown University

John Brooklyn
Medical Student, Class of 1989, Brown University Program in Medicine

Harry Duran, Ph.D.
Doctorate in Pharmacology; Medical Student, Class of 1989, Brown University Program in Medicine

Project Consultants

Peter Coogan, M.D., University of California, Irvine
George Comerci, M.D., University of Arizona
Herbert Kleber, M.D., Yale University
Robert Sokol, M.D., Wayne State University
Paula Stillman, M.D., University of Massachusetts

Project ADEPT—Brown University Alcohol and Drug Education for Physician Training in Primary Care*

Purpose

The overall purpose of the project was to design, implement, evaluate, and disseminate a model curriculum for primary care physician training in alcohol and other drug abuse. This curriculum is based on specified minimal knowledge and skills learning objectives that all primary care physicians would attain as well as discipline-specific knowledge and skill objectives in alcohol and other drug abuse. A central theme to this project was the development of integrated instructional units that can be implemented across disciplines and across different trainee levels (i.e., medical students, residents, and faculty).

Approach

A Working Committee was nominated by the Chairs of the departments involved in the project—Medicine, Family Medicine, Community Medicine, Pediatrics, and Obstetrics and Gynecology. This core group of 14 faculty members has taken major responsibility for planning and implementing the integrated alcohol and other drug abuse curriculum.

The first step in the planning process was to define generic trainee competencies. This was accomplished by first expanding generic competencies developed in November 1985 at the AMERSA (Association for Medical Education and Research in Substance Abuse) National Consensus Conference. Next, priorities were assigned to the expanded competencies for each primary care specialty. The results showed which core knowledge and skill competencies are truly generic across specialties and which are really discipline specific.

Competencies were then grouped into the 16 instructional modules listed below.

- Introduction and Overview
- Assessment and Diagnosis
- Withdrawal
- Presenting the Diagnosis and Initiating Treatment
- Pregnancy, Lactation, and Fetal Effects
- Prevention
- Smoking Cessation
- Physiology and Pharmacology
- Intoxication and Overdose
- Complications and Comorbidity
- Treatment Options/Referral
- Family
- Adolescent Substance Abuse
- Geriatric Substance Abuse
- Health Professional Impairment
- Case Problems

These modules were ordered into a learning hierarchy that shows relationships among modules, recommended prerequisites, and suggested learning paths (figure 1).

Next, one of the modules, Presenting the Diagnosis and Initiating Treatment, was developed and pilot tested. Instructional materials included objectives for both students and instructor, a session outline, a checklist of skills taught in the session, and scripts for in-class and assigned role plays. Evaluation materials included a pre-post attitude survey (the Substance Abuse Attitude Survey—SAAS), a knowledge test (posttest only), and simulated patient scripts for posttest skill assessment. Results were excellent for skill and knowledge acquisition; however, attitudes were not significantly affected.

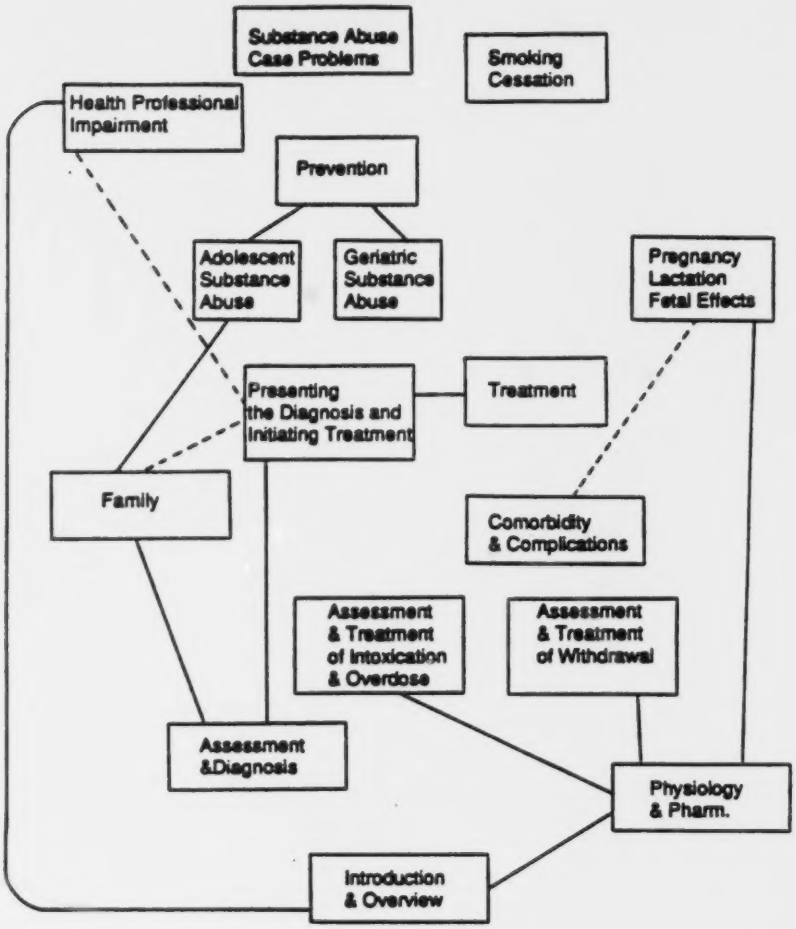
The model curriculum was implemented in phases beginning in January 1988. Throughout the implementation phase, instructional materials were finalized and preparations for distribution were made in cooperation with the Health Sciences Consortium. Summative program evaluation was conducted during this same period. A systematic method of evaluating the overall success of the project has also been developed. This plan is available to other medical schools for evaluation of their own educational programs in this field.

Materials

The program, the curriculum, and experience gained in developing this integrated approach are being made available to others through promotion and distribution of Instructor's Guides, Student Materials, and an Implementation Guide. In addition, an institutionwide educational research plan has been developed. This plan addresses short- and long-term program and trainee outcomes and ways of assessing the suitability and efficacy of such a program.

* Brown University School of Medicine, Center for Alcohol and Addiction Studies, Brown University, Box G, Providence, RI 02912; (401) 863-1109.

Figure 1. Alcohol and other drug abuse curriculum: Learning hierarchy



Society of Teachers of Family Medicine (STFM)

ADM-281-87-0002, March 1987-March 1989

Working Committee

Project Director

Peter G. Coggan, M.D.
Department of Family Medicine.
University of California - Irvine

Project Coordinator

Ardis K. Davis, M.S.W.
Department of Family Medicine RF-30
University of Washington School of Medicine

Assistant Project Director

Rebecca Henry, Ph.D.
Office of Medical Education
Research and Development
Michigan State University

Project Administrator

Roger A. Sherwood, C.A.E.
Society of Teachers of Family Medicine

Advisory Members

Macaran A. Baird, M.D., M.S.
Department of Family Medicine
SUNY Health Science Center

Antonnette V. Graham, R.N., M.S.W.
Case Western Reserve University
Department of Family Medicine

Al M. Mooney, M.D.
Statesboro, GA

Program Fellows

Richard L. Brown, M.D., M.P.H.
Jefferson Medical College

Lorne Campbell, M.D.*
Serenity - St. Vincent Health Center

James N. Finch, M.D.
Duke University Medical Center
Department of Community/Family Medicine

Michael F. Fleming, M.D., M.P.H.
Department of Family Medicine
University of Wisconsin

Stephen P. Flynn, M.D., M.S.P.H.
Family Practice Center
Fairview General Hospital
Cleveland, OH

Robert H. Funke, M.D.
Kingsport Family Practice Center
Kingsport, TN

Benjamin Goodman, M.D.**
Medical Arts Clinic
Hickory, NC

Anton J. Kuzel, M.D.
Department of Family Practice
Fairfax Family Practice Center
Medical College of Virginia

Jerry Schulz, M.D.
Family Practice Residency Training Program
St. Paul-Ramsey Medical Center

J. Paul Seale, M.D.
Department of Family Practice, University of Texas
Health Science Center

Program Consultants

Carole J. Bland, Ph.D.
Department of Family Practice and Community
Health
Minneapolis, MN

Raymond C. Anderson, M.D., Carmel, NY

---

* Upon entering the program, Dr. Campbell was at SUNY, Buffalo.
** Upon entering the program, Dr. Goodman was at Medical College of South Carolina.

To Develop, Implement, and Evaluate a Model Program and Curriculum in Alcohol and Drug Abuse in Family Medicine*

Background and Purpose

In March 1987, the Society of Teachers of Family Medicine was awarded a Federal contract to implement and evaluate a model program and curriculum in alcohol and other drug abuse in family medicine. The purposes of the project were to:

- develop selected faculty in alcohol and other drug abuse curriculum strategies in medical education;
- develop selected faculty in alcohol and other drug abuse knowledge and skills;
- begin a network of interested family medicine faculty in this area;
- enable selected family medicine faculty to become more centrally involved in faculty development activities in home institutions; and
- develop self-contained, exportable teaching products for use by others.

This faculty development program was founded upon a model that incorporated two important components of faculty development in higher education – organizational development and personal development – into traditional curriculum development and instructional components. The key concepts of this faculty development model were:

- a flexible capability to meet individual learner needs (and the needs of their institutions);
- impact and influence on local institutions;
- network-building features;
- socialization to the clinical and academic fields of alcohol and other drug abuse;
- use of local and national resources in training;
- broad national impact on the specialty of family practice; and
- encouragement of interspecialty collaboration.

Approach

Ten family medicine faculty were chosen to undergo a 12-month faculty development program (figure 2) that included: (a) four off-site training sessions, and (b) individual clinical training and curriculum projects at home sites. The major characteristics of the training program for the fellows were:

- a choice of alcohol and other drug abuse curriculum component projects that had relevance to the fellow's own career development, experience, and expertise and to the home institution;
- supervision and guidance from a group of "experts" through each phase (development, pilot testing, and implementation) of the curriculum component project;
- an end-product from each curriculum component project – a packaged, exportable teaching unit, preferably publishable, but at minimum, presented at a national family medicine meeting;
- responsibility for augmentation of clinical knowledge and skills involved mainly individual fellows drawing upon local resources; and
- ongoing encouragement and provision, where possible, of opportunities for socialization to the clinical and academic fields of alcohol and other drug abuse.

The following steps were crucial to the successful execution of the program:

- Working committee (faculty group) formation and establishment of guidelines for functioning
- Selection of fellows
- Determination of program objectives
- Conducting a needs assessment and specification of learning objectives
- Development of instructional components
- Pilot testing of selected parts of instructional components
- Establishing a mechanism for sharing and circulating learning materials and teaching resources

Evaluation and Summary of Findings

Six evaluation elements were used to assess how well program objectives were met:

1. Increase in clinical competence
2. Curriculum project performance

* Society of Teachers of Family Medicine (STFM), University of California Irvine Medical Center, Building 29A, Route 81, 101 The City Drive South, Orange, CA 92668; (714) 634-5171.

3. Curriculum project dissemination
4. Program impact on participants
5. Network formation
6. Program impact on institutions

The most striking findings from the evaluation data were in relation to network formation and program impact on participants. A strong, viable Substance Abuse Working Group within the Society of Teachers of Family Medicine is probably the most objective outcome measure of this program's success. This group is highly organized with strong leadership from the fellows.

In addition to this collaborative group, all the fellows indicated in their evaluation of the program that it had had a substantial impact on them and their professional pursuits. For some, it was not that the program created an avenue for them to follow, but it greatly facilitated their pursuit of an avenue toward which they already aspired. For others, it opened up a new area of pursuit.

Also noteworthy were findings in the area of curriculum project performance and curriculum project dissemination. All 10 fellows completed their curriculum projects in a satisfactory (and often exemplary) manner. These were prepared in accordance with guidelines suitable for inclusion in an instructor's manual. In addition, nine of the fellows have either presented at regional or national meetings (or are scheduled to present) or have had accepted for publication work directly stemming from their curricular projects completed in the program.

The weakest feature of the program, as evidenced by the evaluation data, was in changing fellows' own clinical knowledge and skill acquisition. Although the data indicate some increase in perceived clinical competence, this could not be objectively substantiated. Recommendations for future programs of this nature include incorporation of required clinical training components to address this weakness.

Figure 2. Program overview

Program objectives	Instructional elements	Evaluation elements
Foster development of knowledge and skills in four areas – Clinical – Medical Education – Administration – Academic/Professional	I. Group instruction (off site) II. Individual curriculum project (on site) III. Individual clinical training (on and off site) IV. Resource exchange (on and off site)	I. Increase in clinical competence II. Curriculum project performance III. Curriculum project dissemination IV. Program impact on participants
Create network among participants to outlive program	V. Socialization activities (on and off site) I, IV above	V. Network formation
Increase faculty development activities at home institutions	I, II above	VI. Program impact on institutions
Promote scholarship through presentation and publication of curriculum development work	I, II, IV above	II, III above
Produce a manual of pilot-tested curriculum examples	I, II above	II, III above

The Johns Hopkins Hospital

ADM-281-86-0009, 1986-88

Project Staff

Director

Hoover Adger, Jr., M.D.

Codirector

Catherine DeAngelis, M.D.

Coordinator

Eileen M. McDonald, B.S.

Evaluation

Anne Duggan, Sc.D.

Working Committee

Frank Oski, M.D.
Professor and Chairman
Department of Pediatrics

Catherine DeAngelis, M.D., M.P.H.
Professor of Pediatrics
Deputy Chairperson
Department of Pediatrics
Director
Division of General Pediatrics and
Adolescent Medicine

Emma J. Stokes, Ph.D.
Special Assistant to the Dean and President
Acting Director
The Johns Hopkins Alcohol Project
Acting Director
The Blades Center for Clinical Practice and
Research in Alcoholism

Henry Seidel, M.D.
Professor of Pediatrics
Associate Dean for Student Affairs
Johns Hopkins University School of Medicine

Archie Golden, M.D., M.P.H.
Associate Professor of International Health
Johns Hopkins University School of Hygiene
and Public Health
Director of Pediatrics
Francis Scott Key Medical Center

Alain Joffe, M.D., M.P.H.
Associate Professor of Pediatrics
Director of Adolescent Medicine

Anne Duggan, Sc.D.
Assistant Professor of Pediatrics
Director, Division Research Program

Alan Romanoski, M.D.
Assistant Professor of Psychiatry

Edward Sills, M.D.
Associate Professor of Pediatrics
Director
Pediatric Medical Student Teaching Program

John Bland, L.C.S.W.
Director
Office of Special Projects
Maryland Department of Health and Mental Hygiene

Project Consultants

Charles Whitfield, M.D.

Richard Schwartz, M.D.

Karen Kumor, M.D.

A. Adomola Ekulona, M.Ed.

Specialty Specific Model: Develop, Implement, and Evaluate a Model Program and Curriculum in Alcohol and Other Drug Abuse for Pediatric Faculty, Residents, and Medical Students*

Purpose

The overall purpose of this project was to design, implement, and evaluate a model program and curriculum for primary care pediatricians in alcohol and other drug abuse. This curriculum is based on minimal knowledge and skills learning objectives specific to pediatricians as well as generic knowledge and skills appropriate for all primary care physicians. While addressing teaching at the student, resident, and faculty levels, a major component of this curriculum is its focus on faculty development. This is considered an essential component because of the dual role of faculty, both as potential reinforcers of our educational program and as role models for students, residents, and other faculty.

Model for Program and Curriculum Development

To organize our work, a model for program and curriculum development was conceptualized that includes specific steps involving assessment of the environment, prioritization of competencies and establishment of curriculum goals, and implementation of a core curriculum based on a specific instructional plan. Finally, the model addresses the development of an evaluation plan to document both process and outcome of the program.

Curriculum

The primary goals of the curriculum are to improve the performance of primary care pediatricians or medical students in dealing with alcohol and other drug abuse and its related problems and to improve their skills in recognition and intervention. The curriculum has several unique features. Most importantly, it was designed to be integrated into the currently existing curriculum of the department and includes both didactic and experiental teaching activities. Over the course of the academic year, more than 20 objectives-oriented presentations devoted to specific alcohol and other drug abuse topics were conducted for medical students, residents, and faculty. The teaching activities were organized around five basic topic areas:

Overview of Alcohol and Other Drug Abuse Issues
Common Drugs of Abuse
Alcohol and Other Drug Abuse Interviewing
Alcohol and Other Drug Abuse Assessment and Diagnosis
Alcohol and Other Drug Abuse Prevention and Treatment

Materials

For each session presented, both instructor and participant materials have been developed. Materials organized for instructors typically include session objectives, instructional outline, presession reading materials for instructor and learners, masters for slides and handouts, preparation checklist, and evaluation form. Materials for the learners include structured patient case scenarios, fact sheets, treatment resource lists, observation checklists, and role play scripts.

Guidelines for development, implementation, and evaluation, based on our experience conducting these sessions, have been presented in a resource manual for instructors. Copies of all necessary teaching and evaluation materials as well as a description of guiding principles on curriculum development and implementation are provided.

Evaluation

Evaluation of the curriculum occurred through a series of both process and outcome measures. Each component of the curriculum had a corresponding evaluation structured to assess the participant's acceptance of materials and presentation methods as well as the effectiveness of the session in achieving predetermined instructional goals. In addition, an extensive posttest survey was implemented at the end of the academic year. The survey evaluated alcohol and other drug abuse knowledge, attitudes, and related clinical practice patterns of all residents and faculty in the department. Results of the survey indicated positive changes in all three areas among curriculum participants.

* The Johns Hopkins Hospital, Park Building, Room 301, 600 North Wolfe Street, Baltimore, MD 21205; (301) 955-2910.

The Johns Hopkins University School of Medicine

January 1987-October 1988

Project Staff

Director

David C. Levine, M.D., M.P.H.., Sc.D.
Director
Division of Internal Medicine and
Behavioral Research Training Program in Heart and Vascular Diseases

Codirector

Richard Moore, M.D., M.H.S.
Director
Pharmaco Epidemiology Program
Principal Investigator
Practice and Prevention Study of Alcohol Abuse
Division of Internal Medicine

Coinvestigators

Laura Mumford, M.D.
Director
Office of Educational Development and Evaluation in the Department of Medicine
Division of Internal Medicine

Emma Stokes, Ph.D.
Special Assistant to the Dean and President for the Johns Hopkins Program in Substance Abuse

Coordinator

Eileen McDonald, M.S.
Coordinator
Johns Hopkins Program in Substance Abuse

Working Committee

David C. Levine, M.D., M.P.H., Sc.D.

Emma Stokes, Ph.D.

Dana Frank, M.D.
Assistant Professor of Medicine
Johns Hopkins University School of Medicine

Laura Mumford, M.D.

Richard Moore, M.D., M.P.H.

John Stobo, M.D.
Chairman and Physician-in-Chief
Department of Medicine
Johns Hopkins University School of Medicine

Alan Romanoski, M.D.
Staff Psychiatrist
Director of Substance Abuse Program
Department of Psychiatry
Johns Hopkins University School of Medicine

Ronenn Roubenoff, M.D.
Active Member
Internal Medicine Housestaff
Johns Hopkins Hospital

Simeon Margolis, M.D.
Associate Dean for Academic Affairs
Professor of Medicine
Johns Hopkins University School of Medicine

Project Consultants:

Judith Bigby, M.D., Harvard University

Martin Valaske, M.D., George Washington University

Robin Barnes, M.D., Harvard University

Steven Wartman, M.D., Ph.D., Brown University

Development, Implementation, and Evaluation of a Model Program and Curriculum in Alcohol and Other Drug Abuse Education for Medical Students, Residents, and Faculty in Internal Medicine*

Purpose

The major goal of this project was to develop, implement, and evaluate the effectiveness of a model curriculum in alcohol and drug abuse on the knowledge, attitudes, skills, and practice performance of medical students, housestaff, and faculty in regard to screening, early diagnosis, and treatment of alcohol and other drug abuse. The curriculum was based on specific criteria and learning objectives, and was integrated into the medical education process.

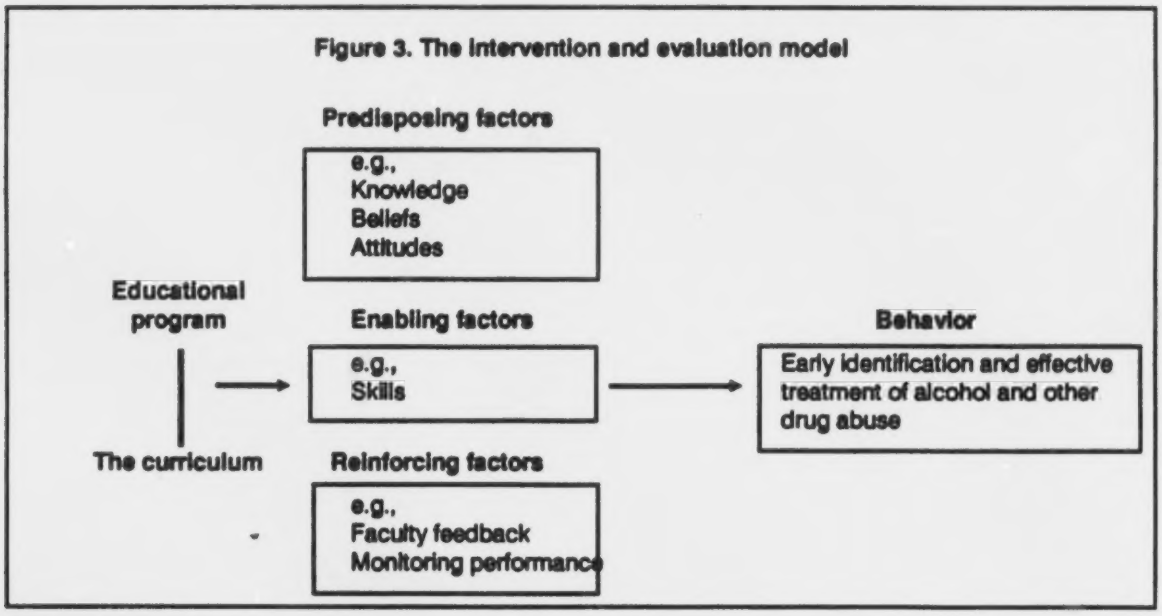
After evaluation of the curriculum, those components found to be most effective in enhancing knowledge, skills, attitudes, and practice performance in the identification and treatment of alcohol and other drug abuse were developed into specific modules at the undergraduate, graduate, and continuing medical education levels.

Approach and Methods

The approach to the development of the model curriculum was guided by learning and behavioral theory. Particular emphasis was given to (1) integration with the general curriculum and linkage to other similar complex behavioral health problems, such as smoking and obesity control, (2) use of faculty role modeling with performance feedback, and (3) appropriate pilot testing and ongoing evaluation of the effectiveness of the model curriculum. The framework for the educational program and its evaluation is displayed in figure 3, which conceptualizes three sets of factors: those that predispose (e.g., knowledge), enable (e.g., skills), and reinforce (e.g., feedback) desired performance behavior.

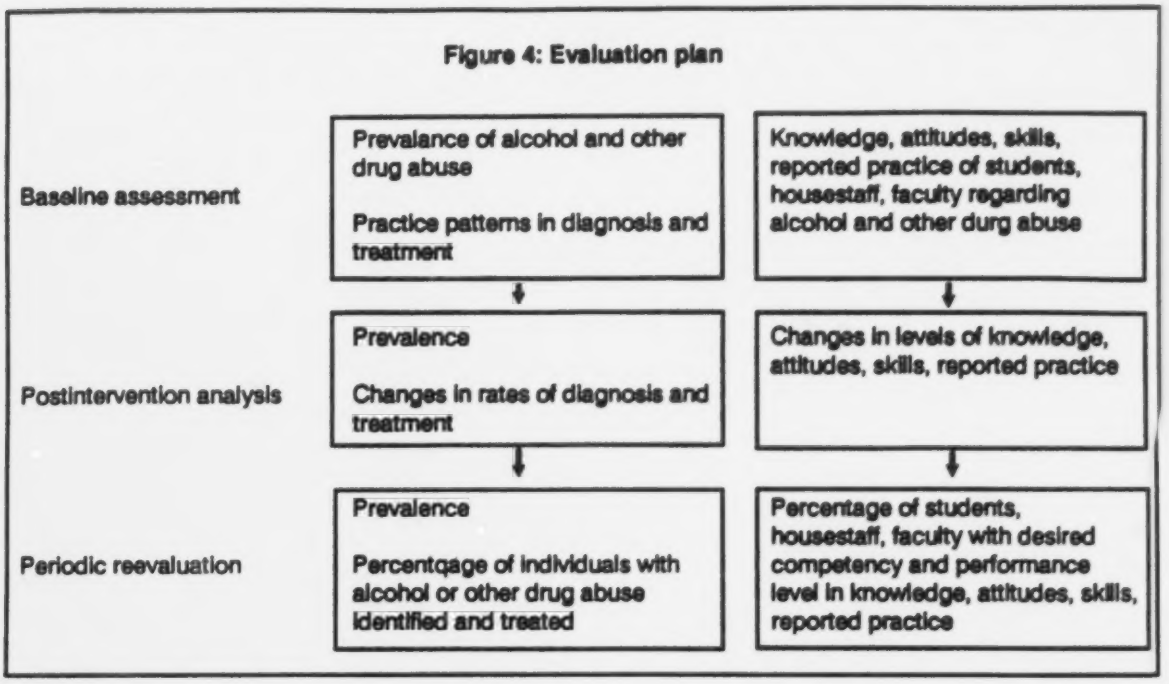
In addition to this framework, an initial educational needs assessment was conducted through a baseline analysis of the current prevalence of alcohol and other drug abuse in the patient population being cared for by the students, housestaff, and faculty, as well as how adequately this was being identified and treated. In addition, baseline levels of knowledge, attitudes, skills, and reported practices were assessed for students, housestaff, and faculty. Such analyses provide important data to help target and refine the educational program, as well as provide a baseline assessment against which to measure future changes (figure 4).

Figure 3. The intervention and evaluation model



* The Johns Hopkins University School of Medicine, 600 North Wolfe Street, Baltimore, MD 21205; (301) 955-8131.

Figure 4: Evaluation plan


Baseline assessment
Prevalance of alcohol and other drug abuse
Practice patterns in diagnosis and treatment
Knowledge, attitudes, skills, reported practice of students, housestaff, faculty regarding alcohol and other durg abuse
Postintervention analysis
Prevalence
Changes in rates of diagnosis and treatment
Changes in levels of knowledge, attitudes, skills, reported practice
Periodic reevaluation
Prevalence
Percentqage of individuals with alcohol or other drug abuse identified and treated
Percentage of students, housestaff, faculty with desired competency and performance level in knowledge, attitudes, skills, reported practice

A Working Committee was formed to take a major responsibility for the planning, implementation, and dissemination of the model curriculum. The initial step in the process was the identification of generic competencies expected at the medical student, housestaff, and faculty levels in general internal medicine. This was accomplished by reviewing, modifying, and expanding generic competencies developed by consensus conferences of the Association for Medical Education and Research in Substance Abuse and the Society of General Internal Medicine, as well as guidelines from the Veterans Administration. Competencies were grouped around five major modules, which provided the major goals of the project:

- Early Identification and Treatment of Alcohol and Other Drug Abuse
- Motivation and Linkage of Patient Into Ongoing Care
- Monitoring of Patients With Alcohol and Other Drug Abuse to Assure Sustained Maintenance
- Provision of Acute Management of Alcohol and Other Drug Abuse Including Withdrawal
- Understanding the Natural History of Alcoholism and Other Drug Abuse

These competencies were then reviewed in light of the current educational structure of the Department of Medicine; current curriculum vis-a-vis alcohol and other drug abuse; and the aforementioned baseline assessment of the prevalence and practice patterns related to alcohol and other drug abuse, as well as student, housestaff, and faculty knowledge, attitudes, and skills. While there had been improvement in alcohol and other drug abuse education, specific needs or gaps were identified:

- At the undergraduate level, the need for a more effective translation of principles of alcohol and other drug abuse taught during the preclinical years into earlier identification and management of these problems in patients during the clinical years.
- At housestaff level, a need for more enhanced teaching in regard to the prevalence of alcohol and other drug abuse problems, the inadequacy in current rates of diagnosis, the missed opportunities for providing effective care earlier in the course of an alcohol or other drug problem, and the need for effective linkage to counseling services and long-term followup.
- At the faculty level, the need for continuing education regarding the prevalence of alcohol and other drug abuse problems, improvement in earlier diagnosis and linkage to effective treatment, and the importance of the faculty in teaching and role

modeling for students and housestaff to improve identification and effective care.

The new curricula components developed specifically to supplement current teaching for medical students include, in the Introductory Clinical Skills Course, the use of the CAGE instrument as part of the historical data expected on any patient, and role playing—simulated patient demonstration by faculty regarding appropriate interviewing and motivational techniques. This is followed by specific patient care experiences to reinforce appropriate skills in the Internal Medicine Clerkship. Subsequent to their exposure to patients, students meet with General Internal Medicine Faculty in small group sessions (4-5 per group) to review their clinical experience and to assure and enhance further development of skills in interviewing, diagnosis, and motivating patients into care. Specific components of the model curriculum for residents include use of opportunities such as existing grand or firm rounds to present and discuss alcohol and other drug abuse; enhanced acquaintance with and use of counseling-intervention services; and performance feedback data from the prevalence and practice patterns study, taking advantage of this being the residents' own practice performance. Opportunities for improvement in enhancing the current 50 percent rate of diagnosis and 20 percent rate of adequate treatment are emphasized in regard to use of screening instruments, such as the CAGE or SMAST, and how to utilize these to identify substance abuse early, when it can be effectively treated. The continuing education of faculty includes the use of grand rounds, research conferences, and special seminars to emphasize alcohol and other drug abuse, as well as a seminar series to enhance their knowledge base and skill level and to better prepare them as role models and teachers for the housestaff and students.

The model alcohol program for medical students was well implemented and accepted and has been institutionalized as part of the ongoing curriculum. The approach has been successful in enhancing student understanding of the importance of alcohol and other drug abuse as a medical problem; the role of the physician in early identification and effective treatment; and improved skills in interviewing, screening diagnosis, and patient motivation, and linkage to long-term treatment.

Findings from the housestaff curricular program indicated that it was feasible to utilize and build on existing mechanisms to implement a model program at the graduate medical education level. All new residents are now exposed to state-of-the-art screening and identification and how to link patients into ongoing treatment.

The continuing education approach for faculty was generally well received and well attended. Faculty gained increased insight into the importance of alcohol and other drug abuse problems, how to identify and treat them early and effectively, and their key role in teaching medical students and housestaff.

Materials

The materials relevant to the development, implementation, and evaluation of the model curriculum are now available, including the specific teaching modules, an instructor's guide, state-of-the-art screening instruments, the evaluation approach, an implementation guide, and promotion and distribution plans. The evaluation component is already underway, with repeat evaluation of the effect of the model curriculum on enhancing student, housestaff, and faculty knowledge, attitudes, skills, and practices related to early identification and effective treatment of substance abuse.

Medical College of Virginia

ADM-281-87-0005, 1987-89

21

Project Staff

Director

Sidney H. Schnoll, M.D., Ph.D.
Chairman
Division of Substance Abuse Medicine
Professor
Internal Medicine and Psychiatry

Coordinator

Paula K. Horvatich, Ph.D.
Assistant Professor
Center for Educational Development and Faculty Resources
Adjunct Assistant Research Professor
Department of Psychology

Faculty and Curriculum Development

W. Loren Williams, Ph.D.
Professor and Director
Center for Educational Development and Faculty Resources

Evaluation

Judith Bradford, Ph.D.
Senior Research Associate
Director
Health and Social Policy Research
Survey Research Laboratory

Julie A. Honnold, Ph.D.
Associate Professor
Department of Sociology and Anthropology
Research Associate
Survey Research Laboratory

Working Committee

Richard R. Brookman, M.D.
Associate Professor of Pediatrics
Director, Division of Adolescent Medicine

David Buchsbaum, M.D.
Assistant Professor of General Medicine and Primary Care
Director
Primary Care Residency Training

William L. Dewey, Ph.D.
Professor
Department of Pharmacology
Associate Provost for Research and Graduate Affairs

Marcia J. Lawton, Ph.D.
Assistant Professor
Department of Rehabilitation Counseling
Director of Alcohol and Drug Education/ Rehabilitation Program.

James S. Smeltzer, M.D.
Assistant Professor
Obstetrics and Gynecology
Director, High Risk Pregnancy Clinic

Albert J. Wasserman, M.D.
Professor of Medicine and Pharmacology
Chairman
Division of Clinical Pharmacology
Executive Associate Dean for the School of Medicine

David J. Weber, M.D.
Associate Professor of Psychiatry
Director
Undergraduate Education Program in Psychiatry and Behavioral Sciences.

Project Consultants:

Ira Chasnoff, M.D.

Robert Morse, M.D.

Rosemary Caffarella, Ph.D.
Virginia Commonwealth University

MCV Program for Alcohol and Other Drug Abuse Education, Research, and Treatment*

Purpose

The goal of this project is to develop, implement, evaluate, and disseminate an integrated clinical research and clinical education program in alcohol and other drug abuse for undergraduate medical students, residents, and faculty physicians in the primary care specialties. The MCV Substance Abuse Program Model (figure 5) includes the traditional emphasis on (1) undergraduate medical education, (2) residency training, and (3) faculty development. But it also includes two components that are vital to the educational program and that reflect the institutional priorities of MCV: (4) research and (5) patient care. Therefore, a central theme to this project was the interrelationship among the five components.

Approach

A Working Committee and collaborating faculty was formed by virtue of shared interest. At the time the proposal was being prepared, a memo was sent to all departments in the School of Medicine with the intention of identifying persons interested in pursuing the contract. The Division of Primary Care within the Department of Medicine was approached directly. A core group, i.e., representatives of participating departments and project staff, constitutes the Working Committee. The first step in the planning process was to determine curriculum priorities. In a 2-day Faculty/Resident Workshop on Clinical Research and Curriculum, the Working Committee, collaborating faculty, and resident physicians or graduate students from each participating department discussed current alcohol and other drug abuse education efforts to identify where the greatest development was needed. The results of this discussion were then compared to published curriculum guides. Interdisciplinary collaboration as well as discipline-specific priorities were established.

The next step was to develop curriculum goals. Representatives from each department drafted goal statements that reflected what the MCV graduate should know and be able to do in alcohol and other drug abuse medicine. These lists were synthesized and edited, and approval was obtained by consensus across all departments. Finally, learning objectives were formally prepared. Using published lists of objectives, each curriculum goal was delineated and, once again, approval obtained by consensus.

To make instructional decisions, the finalized goals and objectives were compared to current courses offered to undergraduate medical students and residents. Because of the increased time in the curriculum that was made available to alcohol and other drug abuse, courses were reorganized, content added, and information sequenced across years.

For pilot testing, the 10-hour Substance Abuse Series within the Behavioral Science Sequence for second-year medical students was selected, because it represents the bulk of the undergraduate curricular offering. The series includes pharmacology of the drugs of abuse; epidemiology, prevalence, history, and cultural precedents for drugs of abuse; prevention; characteristics of abused drugs and of addiction; treatment of withdrawal for all classes of drugs; and rules for prescribing drugs with abuse potential.

Using the MCV standard student course evaluation forms, students rated the syllabus and the instructor's lecture content and style, the latter an indirect assessment of the instructor's manual. Because this information is not very detailed, a small number of students were interviewed to find out what format of print materials they think aids their learning; this information will guide syllabus development. Finally, student performance data on a multiple choice examination was used to estimate instructional effectiveness. Available student evaluations and test item analysis indicated that the new alcohol and other drug abuse series was successful. Student evaluations were in the "good – very good" range for all items.

Test item analysis indicated that alcohol and other drug abuse questions were somewhat harder than the overall examination, but pharmacology-related questions were close to the overall average in difficulty. Curriculum revisions have been conducted, and further evaluation will be undertaken when the model curriculum is implemented in January 1989. A similar cycle of development, pilot testing, and revision will be followed for the remaining undergraduate medical courses that are offered on a smaller scale.

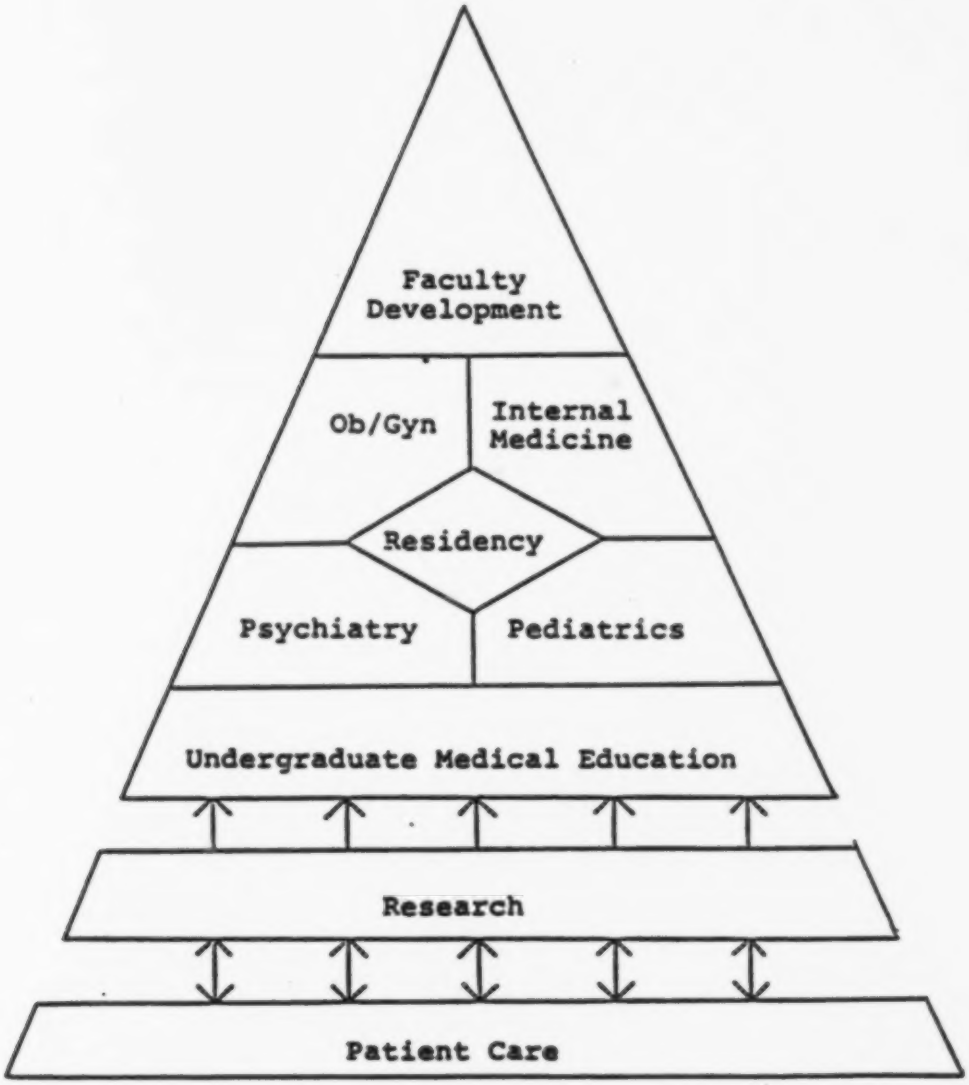
Materials

Once developed in final format, the program – curriculum, faculty development, patient care, and research components – and the process used to design

* Medical College of Virginia, Box 109, MCV Station, Richmond, VA 23298; (804) 786-9914.

and implement the program will be made available to others through instructor and student manuals. The manuals will be publicized for dissemination purposes through an exhibit at the 1989 annual meeting of the Association of American Medical Colleges (AAMC). The exhibit will fit into the *Innovations in Medical Education* program sponsored by the AAMC Groups on Medical Education.

Figure 5. Medical College of Virginia alcohol and other drug abuse program model



Source: Adapted from Project ADEPT, Brown University Alcohol and Drug Education for Physician Training in Primary Care.

Vanderbilt University

ADM-281-87-0004, 1987-89

Project Staff

Principal Investigator

W. Anderson Spickard, M.D.
Professor of Medicine
Chief, Division of General Internal Medicine;
Medical Director
Vanderbilt's Institute for the Treatment of Addictions

Coordinator

Mary Candice Burger, Ph.D.
Research Instructor
Division of General Internal Medicine
Research Psychologist
Vanderbilt's Institute for the Treatment of Addictions

Evaluator

Leonard Bickman, Ph.D.
Professor of Psychology
Director of the Program Evaluation Laboratory
George Peabody School of Vanderbilt University

Secretary

Marilyn Ranalli

Working Committee

Donald Brady
Vanderbilt medical student

Peter Cartwright, M.D.
Assistant Professor of Obstetrics/Gynecology
Director of Obstetrics/Gynecology Service
Nashville General Hospital

Pamela Davis
Doctoral student in psychology
Program Evaluation Laboratory

Scott Dubet
Vanderbilt medical student

Gerald Gotterer, M.D., Ph.D.
Associate Dean
Vanderbilt Medical School

George Gray, M.D.
Professor of Pathology
Chair, Academics Program Committee
Vanderbilt Medical School

John Greene, M.D.
Associate Professor of Pediatrics
Director, Adolescent Medicine and Student Health

Joel Hardman, Ph.D.
Professor and Chairman of Pharmacology

Taylor Hays, M.D.
Former Assistant Professor of Medicine
now at the Weber Clinic, Ely, Illinois

Jeff Holmgren, M.D.
Fellow in Psychiatry
now in private practice in Minnesota

Mark Jacokes, M.D.
Assistant Professor of Medicine
General Internal Medicine

Peter Martin, M.D.
Associate Professor of Psychiatry
Director of the Division of Alcohol and Substance Abuse in Psychiatry

Jason Morrow, M.D.
Chief Resident in Medicine (1987-88)
Vanderbilt University Hospital

Robert Schreiner, M.D.
Chief Resident in Medicine (1988-89)
Vanderbilt University Hospital

Theresa Sparks
Doctoral student in psychology
Program Evaluation Laboratory

Peter Wilson
Vanderbilt medical student

Project Consultants

William D. Lerner, M.D.
University of Alabama, Birmingham

J. Taylor Hays, M.D.
Weber Clinic, Illinois

John N. Chappel, M.D.
University of Nevada School of Medicine

Peter Johnson, Ph.D.
University of South Carolina

Vanderbilt's Integrated Curriculum on Alcohol and Drugs (VICAD)*

Purpose

The purpose of this project is to increase and coordinate training of medical students, residents, and faculty in alcohol and other drug abuse identification and management. Four specialty departments were made the focus of this program: Medicine, Psychiatry, Pediatrics, and Obstetrics/Gynecology.

Approach

The approach to training in alcohol and other drug abuse at Vanderbilt was based on the ultimate goal of training clinicians competent to identify the problem, on acknowledgment that the medical school is a hierarchically organized structure in which departments have a large degree of autonomy, and on the desire to keep the addition of curriculum time to a minimum by reworking already existing training opportunities where possible.

The following steps have been taken in the development of this project to date:

- Identify a key faculty member from each department through informal contacts and meetings with chairmen
- Form Working Committee of identified faculty and representative residents and medical students
- Form Executive Committee of medical school administrators and departmental chairmen for occasional functions
- Begin meeting with the Working Committee
- Interview Working and Executive Committee members about need for alcohol and drug training and knowledge of VICAD
- Survey current levels of training in alcohol and other drug abuse in the medical school and residency training programs and in departmental grand rounds
- Review and distill the many curriculum guides and specialty training guidelines for training needs at all levels of expertise
- Draft a matrix of alcohol and other drug abuse competencies needed through review above and Working Committee discussion
- Compare existing training with competencies needed
- Determine what new training must be added, prepare trainees in specific competencies, and discuss evaluation of those interventions
- Attempt to gain course time for the needed training of students
- Plan course materials for interventions identified and choose those to pilot test
- Develop draft curriculum manual for instructors
- Develop evaluation plan for pilot testing
- Implement training experiences and evaluate experience
- Consult with experts on curriculum breadth and problems
- Revise curriculum
- Plan evaluation strategy for implementation year
- Begin to implement all training experiences and evaluation strategies
- Begin development of "marketing" proposal

The following are in progress or will be addressed in the future:

- Evaluate progress and revise implementation and evaluation plans
- Consult with experts on progress and program amendments
- Consolidate evaluation of training experiences
- Complete revision of curriculum guide
- Complete article based on training experience

Materials

A draft curriculum guide is already available that includes the goals and procedures to be pursued in each area. Specific evaluation and assessment procedures and supporting materials are continually being developed and added to the draft. This material and the spirit of the training was distributed to the medical schools in the region by personal contact in the spring of 1989.

---

* Vanderbilt University, Vanderbilt Medical Center North, Box 23106, Nashville, TN 37232; (615) 322-2543.

University of Alabama at Birmingham
Medical Education Facility

ADM-281-87-0006, 1987-1989

Project Staff

Director

William D. Lerner, M.D.
Director
UAB Substance Abuse Medicine
Professor
Department of Medicine
Division of General and Preventive Medicine

Project Coordinator

Marjorie Barr Lerner, M.S.W.
Behavioral Medicine
Division of General and Preventive Medicine

Curriculum Coordinator

Connie L. Kohler, M.A.
Assistant Professor of Education in Medicine
School of Medicine
Curriculum Design Specialist

Evaluation

John Boker, Ph.D.
Associate Professor of Education in Medicine
School of Medicine
Evaluation Specialist

Working Committee

Richard Allman, M.D.
Assistant Professor
Department of Medicine
Division of General and Preventive Medicine
Gerontology specialist

JudyAnn Bigby, M.D.
Assistant Professor, Department of Medicine
Harvard University
Department of Medicine
Division of General Medicine and Primary Care
Brigham and Women's Hospital, Boston

Ronald O. Forbes, M.D.
Substance Abuse Medicine Specialist
Insight Physicians, Richmond, VA
Director, Psychiatric Services
Richmond Community Hospital
Richmond, VA

Norman Huggins, M.D.
Assistant Professor, Department of Psychiatry
Medical Director
Substance Abuse Programs

Howard Katz, M.D.
Assistant Professor
Director of Undergraduate Medical Education
Department of Family Medicine

Tara Davis Knott, Ph.D.
Doctorate in Evaluation
Program and Curriculum Evaluation Specialist
President, Evaluation Resources, Inc.
Memphis, TN

David H. Knott, M.D., Ph.D.
Clinical Director
Memphis Mental Health Institute
Clinical Assistant Professor in Family Medicine
University of Tennessee Center for Health Sciences
Memphis, TN

University of Alabama at Birmingham Curriculum for Clinical Competency in Substance Abuse Medicine for Primary Care Physicians*

Purpose

The purpose of this project is to develop a comprehensive curriculum for primary care physician education and training in alcohol and other drug abuse medicine that is both vertically and horizontally integrated. Based on identified knowledge, skill, and ability learning objectives, the multisegmented curriculum provides a program that can be implemented at differing levels of education and clinical training, progressing from the medical school curriculum to postgraduate clinical training to faculty development. The developmental process encompasses design and implementation of the curriculum as well as evaluation and marketing.

Approach

The curriculum was developed by a process of reviewing and evaluating existing proposals of learning goals and objectives for competency in alcohol and other drug abuse medicine, including those of AMERSA and SREPCIM, as well as those specific to primary care specialties, i.e., SGIM and APA. Focusing on the areas of General Internal Medicine, Family Medicine, and Psychiatry, necessary competencies for practice and learning objectives applicable to primary care practice were developed and additional specialty learning objectives were identified for the three targeted areas of practice. These were developed by the Internal Working Committee, with members from the Departments of Medicine, Family Medicine, and Psychiatry, including three junior faculty members from each department identified as being interested in participating in the faculty development phase of the project.

Corresponding to the core learning objectives, 22 modules of instruction were initially developed to meet these educational and training needs. Based on the recommendations of the External Working Committee and Internal Working Committee, the units of instruction were consolidated. To increase flexibility and transferability of the curriculum units to the range and variety of levels of educational and training needs, the modules were combined and condensed into 12 core curriculum units:

A Model of Withdrawal: Alcohol
The Concept of Tolerance and Pharmacology of Alcohol
Diagnosis and Complications of Alcoholism
Public Health Model of Substance Abuse and Introduction to Drugs of Abuse
Ambulatory Care of Substance Abuse
Cocaine and Stimulants
Treatment of Alcoholism
Treatment and Medical Aspects of IV Narcotics
Depressant Drugs
Chronic Pain
Addiction and Long-term Treatment of Narcotic Use
Inhalants, Marijuana, and Hallucinogens

Two additional units of instruction were defined for each specialty area—Internal Medicine, Family Medicine, and Psychiatry. While all members of the Internal Working Committee participated in defining these areas, the junior faculty member from the particular specialty area had primary responsibility for the research, development, and implementation of these instructional materials. These curriculum units include:

Psychiatry:
- The Dual-Diagnosis Patient
- Psychological Effects of Drugs of Abuse

General Internal Medicine:
- Alcohol and Other Drug Abuse and Geriatrics
- Alcohol and Other Drug Abuse in the General Medical Population

Family Medicine:
- Alcohol and Other Drug Abuse and Adolescents
- Alcohol and Other Drug Abuse and the Family

Based on the assessment of Internal and Working Committee members as well as the evaluations of the primary care residents participating in training, the various units of instruction were ranked with respect to the relative importance of the curriculum component to practice. Those considered of critical importance were rated 4, while those of significance to a particular specialty practice were rated 1. Evaluation of the core curriculum units was undertaken with the administra-

* University of Alabama at Birmingham, Medical Education Facility, Suite 609, University Station, Birmingham, AL 35294; (205) 934-4451

tion of a pre- and posttest that addressed knowledge as well as attitude changes, and a clinical evaluation guide specific to evaluation and treatment of alcohol and other drug abuse (posttest only).

The model was implemented in stages beginning in November 1987 with one or two primary care residents and at least one medical student in his or her third or fourth year of study participating each month in the program of directed clinical practice and didactic study based on the core curriculum. Courses in the first and second years of medical school have also been based on selected units of study from these core units. Upon completion of the first year of curriculum implementation for medical students and housestaff, the three junior faculty members were trained using the 12 core curriculum units and have subsequently used the curriculum model in their roles as the trainers for primary care residents, completing the monthly alcohol and other drug abuse medicine rotation under the supervision of the Project Director. Their evaluation of the model, based on use of the curriculum materials and evaluation of factors, such as clinical applicability, appropriateness of specialty practice, and ease of use, has assisted in integrating the materials across disciplines and developing supplemental learning materials for the various units of instruction.

Results of the ongoing pre- and posttesting of all primary care residents completing the clinical rotation are being compiled with individual item analysis conducted to adjust the instrument accordingly. The junior faculty participating in the Faculty Development phase of the project completed pre- and posttests and also participated in a structured verbal evaluation of the curriculum materials. While initial findings were applied in the development and implementation stage, the evaluative findings from the approximately 30 residents and faculty trained with the curriculum materials will be made available at the completion of the project.

Materials

In addition to the didactic training materials developed for the curriculum, materials have been developed for use in institutions without adequate access to appropriate clinical material so as to maintain the project goal of a curriculum directed at clinical competency rather than knowledge base alone. The final product will include a full range of instructional materials, supplemental clinical case material for each unit of instruction, source material, and evaluation tools for use with individual units or the curriculum in total, applicable to all levels of education and training and across primary care disciplines. In addition, an institutional educational research plan will be presented that addresses not only the educational and training needs to be considered but also the clinical resources needed to effectively educate and train primary care physicians.

Figure 6. Education and training components for clinical competency in alcohol and other drug abuse medicine

University of Virginia
School of Medicine

ADM-281-88-0008, 1988-90

Project Staff

Directors

Jacob A. Lohr, M.D.
McLenore Birdsong Professor of Pediatrics
Chair, AIMS Committee

Randolph J. Canterbury II, M.D.
Director
University of Virginia Institute for
Substance Abuse Studies
Medical Director, Addiction Sciences Center
Assistant Professor of Behavioral Medicine and
Psychiatry and Internal Medicine

Coordinator and Evaluator

Wei Li Fang, Ph.D.
Assistant Professor of Medical Education

Working Committee

Steven N. Applegate, M.Ed., C.S.A.C.
Instructor of Behavioral Medicine and Psychiatry
Coordinator, Addiction Sciences Center

William P. Arnold III, M.D.
Associate Professor of Anesthesiology
Cochair, Impaired Physicians' Committee of the
Society for Education in Anesthesia

James H. Duffee, M.D.
Assistant Professor of Pediatrics and Child Psychiatry

Charles F. Gressard, Ph.D., L.P.C.
Assistant Professor of Behavioral Medicine
and Psychiatry
Director of Research, Addiction Sciences Center

James Krag, M.D.
Resident in the Department of Behavioral Medicine
and Psychiatry

Florence Melio
Medical student, Class of 1989

R. Michael Morse, M.D.
Associate Professor of Family Medicine

George A. Nowacek, Ph.D.
Associate Professor of Medical Education
Director Office of Medical Education

Executive Committee

Jacob A. Lohr, M.D.

Randolph J. Canterbury II, M.D.

Wei Li Fang, Ph.D.

William P. Arnold III, M.D.

Robert M. Carey, M.D.
Dean of School of Medicine

Interested Faculty in Clinical Departments

Department of Behavioral Medicine and Psychiatry

John Buckman, M.D.
Daniel Harrington, M.D.
William R. Hobbs, M.D.
J. Joe Yazel, M.D.

Department of Family Medicine

Richard B. Hays, M.D.
Steven A. Meixel, M.D.
Dorothy Rudolph, M.S.W.
David B. Waters, Ph.D.

Department of Pediatrics

William L. Clarke, M.D.
Richard W. Kesler, M.D.
Robert J. Roberts, M.D., Ph.D.
Deborah E. Smith, M.D.
William Wilson, M.D.

Department of Medicine

Richard A. Christoph, M.D.
Julia E. Connelly, M.D.
Eugene C. Corbett, Jr., M.D.
John A. Owen, Jr., M.D.

Department of Radiology

Thomas L. Pope, Jr., M.D.

Project Consultants:

Janine C. Edwards, Ph.D.
Louisiana State University

Charles P. O'Brien, M.D., Ph.D.
University Pennsylvania at Philadelphia

William Farley, M.D.
Expert on impaired health professionals

Joan Hedgecock
American Medical Student Association

William D. Lerner, M.D.
University of Alabama at Birmingham

Richard H. Schwartz, M.D.
Pediatrician

J. Pat Tokarz, M.D.
Family physician

Project SAGE (Substance Abuse General Education)*

Purpose

Project SAGE proposes to educate students and residents who, as practitioners, will recognize and appropriately manage those patients with alcohol and other drug use disorders. This will be accomplished through the development, implementation, and evaluation of a model educational program and curriculum in alcohol and other drug abuse. To ensure the successful dissemination of this curriculum, a unique faculty development program will be offered to selected clinicians in the Departments of Behavioral Medicine and Psychiatry, Family Medicine, and Pediatrics.

Approach

During the spring of 1988, interested faculty members in the Departments of Behavioral Medicine and Psychiatry, Family Medicine, and Pediatrics and the Office of Medical Education met to discuss the design of a model program and curriculum in alcohol and other drug abuse for primary care physician education. The work of this group resulted in an application to NIAAA and NIDA and the eventual funding of Project SAGE.

These faculty members formed the Working Committee. The primary responsibility of this committee is to develop, implement, and evaluate the alcohol and other drug abuse curriculum as it is integrated into the undergraduate medical curriculum and the residency training programs. A key element of the project is the development and offering of a unique faculty development program that will facilitate integration of the alcohol and other drug abuse curriculum into the teaching and learning of medical students and residents. Thus, two model programs will be designed and offered: one for students and residents, and one for faculty.

To accomplish the project goal, two phases have been identified. The first consists of development and field testing, while the second involves implementation and evaluation. Project SAGE is currently in its first phase, and initial work is focusing on the development of a philosophy statement and project goals and objectives. Using a systems approach to curriculum design, the Working Committee intends to identify specific learner objectives as they relate to the overall goal and the needs of individual learners (i.e., medical students, residents, and faculty) in the various clinical departments. To assist in the identification of specific learner objectives, the Working Committee will use the objectives outlined by ADAMHA and the generic competencies defined by Project ADEPT at Brown University.

The Working Committee plans to accomplish this initial design work at two levels: within the Working Committee itself and through subcommittees established in the three clinical departments. Efforts will be made to involve all interested faculty in the development of the curriculum. The Working Committee recognizes the importance of providing factual information and resources and the necessity of changing attitudes in order to encourage faculty to incorporate alcohol and other drug abuse concepts into their teaching.

---

* University of Virginia School of Medicine, University of Virginia Children's Medical Center, Box 836, Charlottesville, VA 22908 (804) 924-2662

University of North Dakota
School of Medicine

ADM-281-88-0006, 1988-90

Project Staff

Coordinator

Richard L. Davison, Ed.D.
Coordinator of Special Services for the
University of North Dakota

Clinical Director

Keith G. Foster, M.D.
Director of Alcohol Studies
Associate Professor Emeritus
Department of Community Medicine and
Rural Health
University of North Dakota School of Medicine
Medical Director for the Heartview Foundation

Evaluator

Henry B. Slotnick, Ph.D.
Professor of Neuroscience
Medical Education and Evaluation

Administrative Secretary

Debra J. Magstadt
Administrative Secretary II

Working Committee

Keith G. Foster, M.D.
Chairman

Richard L. Davison, Ed.D.

Henry B. Slotnick, Ph.D.

Thomas K. Akers, Ph.D.
Professorof Physiology

Dan Goodwin, M.D.
Clinical Associate Professor
Department of Family Medicine

Clayton E. Jensen, M.D.
Associate Professor and Chairman
Department of Family Medicine

Gerald Kavanaugh, M.D.
Clinical Associate Professor of Internal Medicine

Reed T. Keller, M.D.
Professor and Chairman
Department of Internal Medicine

Harvey R. Knull, Ph.D.
Professor
Department of Biochemistry and Molecular Biology

Al Samuelson, M.D.
Associate Professor of Neuroscience

Richard P. Stadter, M.D., M.P.H.
Professor and Chairman
Department of Neuroscience

Sharon C. Wilsnack, Ph.D.
Professor of Neuroscience
Director of Preclinical Curriculum
Research Consultant.

Judy DeMers
Associate Dean of Student Affairs
Admissions and Assistant Professor
Department of Family Medicine

William Goodall, M.D.
Associate Dean of Clinical Affairs
Professor
Department of Family Medicine

Dwayne Ollerich, Ph.D.
Associate Dean
Academic and Research Affairs
Professor of Anatomy

Project Consultants (Initial contacts only)

Rebecca C. Henry, Ph.D.
Michigan State University

W. Anderson Spichard, M.D.
Vanderbilt University

Peter R. Martin, M.D.
Vanderrbilt University

Peter G. Coggan, M.D.
University of California Irvine

Alfonso J. Mooney, M.D.
Clinical Director–Willingsway

PEPSA, University of North Dakota Physician Education Project on Substance Abuse*

Purpose

The purpose of the project is to design, implement, evaluate, and disseminate a model curriculum for primary care physician training in alcohol and other drug abuse. The curriculum will be based upon the specific minimal knowledge and skill guidelines adopted by the primary care physician associations and societies as well as ideal objectives developed by the University of North Dakota Medical School faculty. The goal of this project is the development of quality instructional components for knowledge and skill mastery during the first 4 years of physician training in rural medical schools, with refined clinical skill learning experiences during the residency programs.

Approach

A Working Committee representative of the Basic Sciences, Internal Medicine, Family Medicine, Psychiatry, and Clinical faculty was appointed by the Dean of the School of Medicine. This core group of the faculty has taken major responsibility for operational policy and as the clearinghouse for planning, development, pilot testing, implementation, evaluation and revision of curricula. Also, they are chairpersons for the subcommittees of the working committee and standing committees of the medical school administrative structure. Thus, they are the core of governance within the medical school as well as for this project.

The subcommittee structure was adopted to enhance faculty participation in the project and to accelerate the development of faculty ownership of the model curriculum. The organizational involvement also reduces the amount of travel required in a decentralized school, and smaller group meetings are more efficient and effective.

The subcommittees, then, are the groups of faculty that develop, in depth, the proposed activities for consideration by the working committee, the policy body.

The first steps in the planning process required the development of the "ideal" curriculum, inventory of existing curriculum, and the recommended minimal knowledge and skill requirements of the societies and/or associations of primary care specialty groups as well as other medical school curricula.

These three groups of data will be presented to the working committee for discussion and ultimate adoption of a final list of knowledge and skills for students completing the 4-year physician education program. The faculty will then, using this list, identify mastery levels by phase in the 4-year program and recommend knowledge and skill components for residency program consideration.

The cumulative ranking of the mastery level for each of the listed specific knowledge and skills will be presented to the working committee for their consideration and final adoption. Next, the working committee, in consultation with department chairpersons, will prioritize instructional modules for development during the contract. These will be assigned to specific subcommittees for development into instructional modules.

The chairpersons of Family Medicine, Internal Medicine, and Psychiatry, in consultation with staff, will develop competencies for attainment in their field of specialty certification. These competency goals, along with the knowledge and skill requirements for entering residents, will provide the extremes for the development of the clinical learning experiences of the residency program.

Next, one of the modules will be selected for full development, pilot testing, and evaluation, including a pre-post attitude survey and a knowledge test. Final results of the pilot testing and evaluations will determine the modifications necessary for the selected module.

The model curriculum will be implemented in phases as determined by the working committee in consultation with the chairpersons and their faculty. Throughout the implementation phase, instructional materials will be developed, modified, and prepared for distribution. Summative evaluation will be administered during this same period. A longitudinal evaluation and research plan will be designed for systematic project impact assessment.

Materials

Once developed, the program, the instructional modules, and methods used in development will be made available to interested parties through the instructors' guides, student materials, implementation guides, the evaluation plan, and other distribution plans.

* University of North Dakota School of Medicine, Southwest Campus, University of North Dakota, 555 ½ East Broadway, Bismark, North Dakota 58501, (701) 224-2549.

New York University Division of Nursing

NIA-88-0008, 1988-90

Project Staff

Director

Madeline A. Naegle, Ph.D., R.N.

Coordinator

Janet D'Arcangelo, M.A., R.N.

Research Assistant

Bonnie Johnson, M.A., R.N.

Evaluation

Sharon Weinberg, Ph.D.

Working Committee

Gean Mathwig, Ph.D., R.N.
Professor of Nursing
Director, Baccalaureate Program

Margret Wolf, Ed.D., R.N.
Associate Professor of Nursing
Director
Master's Program in Advanced Nursing Science

Joanne Griffin, Ph.D., R.N.
Associate Professor of Nursing
Coordinator, Nursing Science II

Elizabeth A. Duthie, M.A., R.N.
Adjunct Instructor of Nursing
Coordinator, Nursing Science IV

Catherine Greely, M.A., R.N.
Instructor of Nursing
Coordinator, Nursing Science III

Intrainstitutional Resource Faculty

Vivian PJ. Clarke, Ed.D.
Associate Professor
Chair, Department of Health Education

Eileen Wolkstein, Ph.D.
Adjunct Associate Professor
Department of Rehabilitation Counseling

Student Representatives

Virginia Fuhringer, B.S.N., R.N.
Masters' student in Advanced Nursing Science

Kathleen Donahue, B.S., R.N.
Masters' student in Advanced Nursing Science

Diana Lew, baccalaureate nursing student

Ruth Knecht, baccalaureate nursing student

Project Consultants

Marc Galanter, M.D.
Professor, Department of Psychiatry
New York University Medical School

Richard Frances, M.D.
Professor, Clinical Psychiatry
Vice Chair and Director of Residency Training
University of Medicine and Dentistry of New Jersey

Sandra Jaffe-Johnson, Ed.D.
Clinical Associate Professor
School of Nursing
SUNY at Stonybrook
Consultant and Nurse Psychotherapist in
private practice

John P. Morgan, M.D.
Professor
City College, City University of New York
School of Biomedical Education

Rothlyn P. Zahourek, M.S., R.N., C.S.
Nurse Psychotherapist and Consultant in Alcoholism
Amherst, Massachusetts

NIAAA-NIDA Alcohol and Other Drug Curriculum Development Project for Nursing*

Purpose

Project goals include the development, implementation, and evaluation of a model curriculum and training program in alcohol and other drug education for nursing. The project encompasses goals for undergraduate (baccalaureate level) programs and graduate programs (masters' level) that prepare practitioners in content specialty areas as well as for functional roles in education and administration.

Approach

A working committee was formed of baccalaureate and masters' degree program directors, student representatives, division faculty members responsible for core courses in the curriculum, and school faculty members with expertise in the areas of alcohol and other drug abuse. Initial steps in the project included reaching consensus on terminal behavioral objectives related to alcohol and other drug abuse content and a review of standing courses for necessary modifications and enrichment.

Important resources for review in the development of consensus were two documents recently published by the American Nurses' Association in collaboration with the National Nurses' Society on Addictions and the Drug and Alcohol Nurses' Association. The first, entitled *Dimensions of Nursing Practice: Care of the Client with Addictions*, describes the scope and nature of nursing practice as well as the components of care central to the prevention, intervention, and long-term rehabilitation of clients with addictive phenomena. Nursing roles and activities appropriate to generalist and primary care practitioners of nursing are described in this monograph.

Of additional assistance was the publication *Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria*. This document describes more specifically the application of the nursing process to addictive phenomena, its use with populations at risk, and roles for the nurse in long-term care. The working committee also referred to the 1985 AMERSA (Association for Medical Education and Research in Substance Abuse) generic competencies for medical students.

Dialog within the working committee proved essential to decisions regarding the interface of alcohol and other drug content and the theory and practice of nursing at baccalaureate and masters' degree levels. The Division of Nursing, like most other nursing departments, uses nursing theory in the theoretical and philosophical framework of the curriculum. The design of curricular units must consider that content and learning experiences will be modified in other settings as a function of other schools' frameworks and the level at which courses are offered. The working committee decided that curricular modules at levels appropriate to baccalaureate and masters' degree levels of study will allow for the greatest replicability and inclusion of a maximum amount of relevant content.

Freestanding modules organize content in such a way as to facilitate its incorporation into existing courses. At the same time, modules are sufficiently complete to be offered as elective courses or in continuing education programs. They provide other nursing programs with options regarding the modifications necessary to meet terminal objectives, as well as access to resource materials sufficient to expand alcohol and other drug content to meet requirements for specialization at the masters' degree level.

Modules will be designed to correspond to levels of expected learner outcomes. The following modules have been developed:

Level I:

- Attitudes and Values About Alcohol and Other Drug Use
- Health Implications of Drug Use
- Assessment of the Adult Client for Alcohol and Other Drug Use
- Fetal Effects of Maternal Drug Use
- The Pharmacology of Common Drugs of Abuse
- Dysfunctional Processes in Families With Alcohol and Other Drug Problems

Level II:

- Preventive Health Teaching and Drug Use in Childhood
- The Adolescent Who Uses Alcohol and Other Drugs
- Drug Misuse and Dependencies in the Elderly

* New York University Division of Nursing, Shimkin Hall, Room 429, 50 West Fourth Street, New York, NY 10003; (212) 998-5300.

Nursing Care in Acute Intoxication
Nursing Care in Stages of Drug/Alcohol Withdrawal
Addictions: Nursing Diagnoses and Treatment
Impairment Among Health Professionals: Health and Professional Implications
Alcohol- and Other Drug-Related Health Risks in Special Populations
Alcohol- and Other Drug-Related Nursing Needs of Special Populations

The module entitled "The Pharmacology of Common Drugs of Abuse" was evaluated by content experts and piloted in spring 1989. In addition, faculty and working committee members, with content experts, will review the modules for (1) relevance of content to alcohol and other drug education, and (2) appropriate placement within the nursing curricula. The modules were implemented beginning in September 1989, at which time curricular modules were distributed to two other nursing programs for their evaluation.

Materials

Instructor's Guides, Guidelines for Clinical Experiences, and Recommendations for Integration into existing curricula will be developed starting in the fall of 1989. On completion, the curricular modules, outcomes, and learning experiences of the project and recommendations for proceeding with curricular changes in other settings, as well as the above materials, will be prepared for use by NIAAA-NIDA in accord with the provision of the contract proposal.

The Ohio State University
College of Nursing

ADM-281-88-0005, 1988-90

Project Staff

Director

Elizabeth M. Burns, R.S.N., R.N., Ph.D., F.A.A.N.
Professor
Department of Lifespan Process
College of Nursing with joint appointment as a
Professor of Psychiatry and Neuroscience
College of Medicine

Codirector

Arlene Thompson, R.N., Ph.D.
Tenured full-time faculty member in the Department
of Lifespan Process
College of Nursing

Coordinator

Juliet V. Miller, Ph.D. in Education
With extensive experience in counseling and
curriculum development

Undergraduate Subcommittee Coordinator

Carol Bininger, R.N., Ph.D.
Tenured, full-time faculty member in the Department
of Lifespan Process, College of Nursing

Graduate Subcommittee Coordinator

Joanne S. Stevenson, R.N., Ph.D., F.A.A.N.
Full-time tenured Professor in Department of
Lifespan Process, College of Nursing

Faculty Development Subcommittee Coordinator

Arlene Thompson (see Codirector)

Working Committee

Nursing Faculty	Key Specialty
Dr. Carol Baker	Adult Health/Illness
Dr. Carol Bininger	Psych/Mental Health
Dr. Elizabeth Burns	Substance Abuse
Dr. Jeanne Clement	Psych/Mental Health
Louise Curtis, M.S.	Adult Health/Illness
Dr. Edna Menke	Parent-Child Health/Illness
Dr. Juliet Miller	Substance Abuse, Counseling
Dr. Joanne Stevenson	Older Adult Health/Illness
Dr. Arlene Thompson	Substance Abuse
Dr. Mary Ellen Wewers	Adult Health/Illness

Consultants	Key Specialty
Dr. Michael Klein	Curriculum and Evaluation
Dr. Betty Melragon	Curriculum and Evaluation
Dr. Joseph Quaranta, Jr.	Curriculum and Evaluation

Project Consultants:

Carole, A. Anderson, R.N., Ph.D., F.A.A.N.
Dean, College of Nursing

Jack Butler
Maryhaven, Inc.

John Chappel, M.D.
University of Nevada College of Nursing

Jeffrey A. Coffman, M.D.
Ohio State University, College of Medicine

Michael McNeer, M.D.
Harding Hospital

Henry Nasrallah, M.D.
Ohio State University, College of Medicine

Richard Riley and Craig Pratt, M.D.
Shepherd Hills Hospital

Linda Skaggs Ph.D.
Ohio State University
Faculty and Staff Assistance Program

Carolyn Waltz, R.N., Ph.D., F.A.A.N.
University of Maryland, College of Nursing

Project CANDID - Curriculum for Addictions Nursing: Directions for Integrated Design (Tentative)*

Purpose

The primary purpose of the project is to design, pilot, implement, evaluate, and disseminate a model integrated curriculum for both undergraduate and graduate (masters and doctoral level) nursing education. The undergraduate curriculum will focus on generic knowledge, skills, and attitudes needed for nurses who will work in a variety of health care settings to be effective in the diagnosis and treatment of human response to patterns of addiction, i.e., to actual or potential problems, concurrent with and consequent to addiction. The graduate curriculum will focus on developing an addictions nursing subspecialty within such specialty areas as adult health/illness, parent-child health/illness, and older adult health/illness. A faculty development model to support the delivery of the undergraduate and graduate curriculum will be a major emphasis of the project.

The project will focus on developing three levels of faculty expertise: general awareness level, special skills level, and advanced educator level.

Approach

A Working Committee has been formed and organized into three subcommittees: the Graduate Subcommittee, the Undergraduate Subcommittee, and the Faculty Development Subcommittee. These subcommittees will first develop a conceptual model, competencies, and overall curriculum format for their respective levels. Once the broad curriculum framework has been developed, special curriculum modules including curriculum objectives, instructional activities and resources, and evaluation procedures will be developed.

The American Nurses' Association's *Standards of Addictions Nursing Practice With Selected Diagnosis Criteria* (1988) will provide an initial basis for the development of student competencies to guide curriculum development. These standards include:

- Theory
- Data Collection
- Diagnosis
- Planning
- Intervention
- Evaluation
- Ethical Care
- Quality Assurance
- Continuing Education
- Interdisciplinary Collaboration

Throughout the curriculum development process, representative modules will be piloted on a small scale. When the model curriculum has been developed, a survey will be conducted to determine the most effective way to conduct implementation within the Ohio State University College of Nursing. Based on the survey, an implementation and evaluation process will be designed and completed. Evaluation data will be used to revise the curriculum and to recommend implementation procedures that can assist other nursing education institutions effectively implement the curriculum.

Materials

Products will include the curriculum modules and an instructor's guide that includes guidelines for program implementation. These materials will support the adoption of the curriculum by other nursing education institutions. Journal articles and convention presentations will be developed to support dissemination of the curriculum.

---

* The Ohio State University College of Nursing, 1585 Neil Avenue, Columbus, Ohio 43210; (614) 292-4746, and 292-4578.

University of Connecticut
School of Nursing

ADM-281-88-0007, 1988-90

Project Staff

Director

Olga Maranjian Church, Ph.D., F.A.A.N.
Professor and Chair
Graduate Program
University of Connecticut School of Nursing

Program Assistant

Ann Merritt, B.A.
Educational Assistant/Research Assistant*

Program Evaluator

Thomas Babor, Ph.D., M.P.H.
Professor, Department of Psychiatry
University of Connecticut
Associate Scientific Director of the University of Connecticut Alcohol Research Center

Working Committee

Doris Armstong, R.N., M.E.D., F.A.A.N.
Associate Clinical Professor
University of Connecticut
Vice President for Nursing
Hartford Hospital

Robert Atherley, Ph.D.
Director
Counseling Services
University of Connecticut

Beatrice Burns, R.N., M.S.
Clinical Specialist
Substance Abuse Nursing
VA Hospital, West Haven, Connecticut

Marga Coler, Ed.D., R.N.
Associate Professor
University of Connecticut School of Nursing

Dorothy Fishman, Ed.D., R.N.
Associate Dean, Undergraduate Affairs
Associate Professor
University of Connecticut School of Nursing

Barbara Goldrick, Ph.D., R.N.
Assistant Professor
University of Connecticut School of Nursing

Eva Gorbants, M.A., B.S.
Director, Academic Advisory Center
University of Connecticut, School of Nursing

Patricia Korner, R.N.
Nurse Clinician
Clinical Research and Evaluation Unit
University of Connecticut Health Center
Department of Psychiatry, Alcohol Research Center

Iris Mauriello, R.N., A.D.
Certified Psychiatric and Mental Health Nurse
Clinical Instructor
University of Connecticut School of Nursing

Bonnie McRee, M.S.
Research Assistant
Clinical Research and Evaluation Unit
University of Connecticut Health Center
Department of Psychiatry, Alcohol Research Center

Jane E. Murdock, Ed.D., R.N.
Associate Professor
University of Connecticut School of Nursing

Eileen Murphy, D.N.Sc., R.N.
Assistant Professor
University of Connecticut School of Nursing

Jean Steel, D.N.Sc., R.N.
Visiting Associate Professor
University of Connecticut School of Nursing

Donald St. Onge, M.S., R.N.
Lecturer
University of Connecticut School of Nursing

Dori Taylor, M.S., R.N.
Assistant Clinical Professor
University of Connecticut School of Nursing
Director Nursing Education and Research
University of Connecticut Health Center

A.W. Bill Tingey
Director, Telecommunications
University of Connecticut

Constance S. Weiskopf, M.S., R.N.
Assistant Clinical Professor
University of Connecticut School of Nursing
Director, Psychiatric Nursing
University of Connecticut Health Center

Patrick J. Wilkinson, B.S., R.N.
Nurse Therapist, Institute of Living
Chemical Dependency Program
Hartford, Connecticut
Nurse Specialist
Mt. Sinai Hospital, Hartford, Connecticut

* Pending appointment.

Clara Williams, M.A., R.N.
Assistant Professor
University of Connecticut, School of Nursing

Program Consultants

Ann Solari-Twadell, R.N., B.S.N., M.P.A.
Immediate Past President
National Nurses' Society on Addictions
Director
Congregational Health Partnership
Lutheran General Health Care System
Illinois

Henry Kranzler, M.D.
Assistant Director Postdoctoral Program in Alcohol Studies
Alcohol Research Center
University of Connecticut

Virginia DeForge, D.N.Sc., R.N.
Certified specialist in Substance Abuse Nursing and Nursing Education
Associate Professor in Nursing
Graduate Program Research Coordinator
Massachusetts College of Pharmacy and Allied Health Sciences, Boston, MA

Project NEADA - Nursing Education in Alcohol and Drug Abuse*

Purpose

The overall purpose of the project is to design, develop, implement, and evaluate a model program that can be integrated into already existing nursing education curricula at the undergraduate, graduate, and continuing education levels. The model program will incorporate learning modules that deal with prevention, acute care, and postcrisis care and interventions for clients with alcohol and other drug abuse problems.

Approach

An 18-member Working Committee comprising academic faculty and their clinical counterparts along with nursing and nonnursing professionals who represent the university and the larger community has been established. Working with the project director and the project consultants, and guided by the American Nurses' Association recently published *Standards of Addictions Nursing Practice* and *The Care of Clients with Addictions* (1988), the committee has assumed the responsibility for determining the generic competencies for knowledge and skills for nursing education at the undergraduate, graduate, and faculty levels.

To facilitate goal accomplishment, the Working Committee has been subdivided into six smaller committees:

Faculty Development/Evaluation
Undergraduate Curriculum
Computer Assisted Instruction
Graduate Curriculum Critical Care
Graduate Curriculum Primary Community Care
Graduate Curriculum Administration

These task forces will prioritize and recommend to the committee as a whole their expectations for learning at all three levels and will then develop the learning modules specific to their area.

Evaluation procedures have been established from the very beginning; for example, a survey of the Working Committee will provide input for the Evaluation Team as they develop instruments for assessment to determine attitudes, knowledge, and skill levels of project participants.

Materials

The materials developed from the project will be disseminated through workshops, seminars, and publications and will be available through the National Clearinghouse for Alcohol and Drug Information.

---

* University of Connecticut School of Nursing, 175 Auditorium Road, U-59, Storrs, CT 06268, (203) 486-3713.